

Request for Funds -- Subgrants/Contracts

Department of Criminal Justice Services

805 East Broad Street
10th Floor
Richmond, Virginia 23219

Subgrant/Contract Number:	Date of Request:
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Subgrantee/Contractor Name: Finance Officer Address 1: Finance Officer Address 2: Finance Officer Address 3: City, State, ZIP:		Period Covered by this Request:	
		From:	To:
		Federal Identification Number:	

Drawdown Amount:	DCJS Federal Grant Amounts	DCJS General Fund Amounts
Total Subgrantee Award (A)	\$0.00	\$0.00
Less: Payments Previously Received (B)		
(A-B) Available Amount of Award (C)		
Less: Amount Now Requested (D)		
(C-D) Remaining Grant Balance (E)		

As of the following date: _____ the Grant Program's Cash on Hand is: \$ _____

CERTIFICATION	
I certify that, to the best of my knowledge, the information above is correct and that all expenditures will be made in accordance with the grant conditions and that payment is due and has not been previously requested.	
Signature of Authorized Official _____	Type or Print Name and Title _____

(DO NOT WRITE BELOW THIS LINE -- FOR DCJS USE ONLY)

Approved for Disbursement: _____
(FF) (GF) (SF) (Total)

Fiscal Reviewer: _____ Voucher Number: _____

Date: _____ Voucher Date: _____

TRANS	AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE	AMOUNT	PROJECT			
			FUND	DET		PROG	SUB	ELE				PROJECT	TK	PH	
COST	FIPS	PSD	AGENCY REFERENCE			INVOICE				DUE DATE			REFERENCE DOC		
						DATE		NUMBER			MM	DD	YY	NUMBER	SX
DESCRIPTION						CURRENT DOCUMENT		SUBSIDIARY ACCOUNT		MULTI-PURPOSE		CHECK IF EXPENDITURE DISTRIBUTION CONTINUATION SHEETS ARE ATTACHED.			
						NUMBER									SX

COMMENTS: Grant funds are disbursed on a reimbursement basis only. Please submit documentation of the expenses for which you are requesting remuneration.